## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This for appropriate. All further co-indicated these corrected maintenance countificated	orm stould be used for tran rrespondence including the l heliow or directed otherwise	smitting the ISSU Patent, advance on in Block 1, by (a				ired). Blocks in the state of t	through 5 sl to the current licating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
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THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP 100 GALLERIA PARKWAY, NW STE 1750 ATLANTA, GA 30339-5948					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
/11/2005 HALI22 00000042 10696192					Rhonda Zaffino (Depositor's name)				
FC:1501 1400.00 0P					Whole Zaffer (Signature)				
FC:1504	700 00 00				January 5, 2005			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAM		D INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/696,192	10/696,192 10/29/2003		James I			081607-1222		6546	
TITLE OF INVENTION: S	YSTEM AND METHOD FO	OR CONTROLLIN	IG POWER I	DEMAN	ND OVER AN INTEGR	ATED WIREL	ESS NETWO	RK	
APPLN. TYPE	SMALL ENTITY	ISSUE F		P	UBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	nonprovisional <del>VES-</del> NO		-\$685_\$1400		\$300	-\$985-\$ 1700		02/10/2005	
EXAMINER		ART UNIT		С	CLASS-SUBCLASS				
KOSOWSKI, A	2125			700-295000					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	Γ (print	or type)				
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	low, no assignee of this form is NO	data will app	ear on for filir	the patent. If an assign ng an assignment.	nee is identified	l below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
STATSIGNAL SYSTEMS, INC. Atlanta, Georgia									
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent) :	☐ Individual 🖼 C	orporation or o	her private gro	oup entity Government	
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	(from status indicated above MALL ENTITY status. See	•	VI h Applie	ant ic n	o longer claiming SMA	II ENTITY et	atus Saa 27 Cl	ED 1 27(a)/2)	
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Authorized Signature	11.60			-	Date 5	Jam	2005		
Typed or printed name N. Andrew Crain					Registration No. 45,442				
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